| 2002 | CAMPAIGN CONTRIBUTIONS AND EXPENSE | State of Nevada |
|---|--|---|
| | as F. Christensen Senate | 8 |
| Name (pr | rint) Office (if applicable) S. Valley View Las Vegas, Nevada 89107 | District (if applicable) 702 870 9010 |
| Mailing Address (include city and zip code) | | Telephone No. |
| www.christensen4senate.org E-Mail Address | | 70.121 |
| | | 30 An 163 |
| Select A | ppropriate Box(es) X GANDIDATE PAC BAG DIF | OLERTY INDEEXP AMENDED |
| | Report #1 — Due August 27, 2002 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002 BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002 | Rec'd Certified Mail Postmarked 1-15-03- Okp. |
| | Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002 | |
| | Report #3 Due — January 15, 2003 Period: Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002 | FOR OFFICE USE ONLY |
| BAIFANGE PARK EN LE LE BAIFANGE PARK LE | | |
| ı | This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report | , if any <u>6,342.53</u> |
| | GONTRIBUTIONS SUMMAR | |
| | Goniribution means a gift, loan conveyance, deposit paymen of money or anything of value other than the services of a veluntee | t-transferordistribution areceived (NRS-294A(007)) |
| | Total amount of monetary contributions in excess of \$100 | 500.00 |
| 2 | 2. Total amount of monetary contributions of \$100 or less | 0.0 |
| | Actual number of monetary contributions of \$100 or less o | |
| 3 | 3. Interest and income earned on contributions, if any | 13.13 |
| 4 | 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 thr | ough 3) 513.13 |
| | 5. Total amount of in Kind Contributions | 200.00 |
| | EXPENSES SUMMARY | |
| e | 5. Total amount of monetary expenses in excess of \$100 | 6,855.66 |
| | 7. Total amount of monetary expenses of \$100 or less | 0.0 |
| | 3. Expense for filing fee | 0.0 |
| | D. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through | |
| | Remaining Balance (Subtract line 9 fr | |
| 1 | 0. Total amount of In Kind Expenses | |
| AFFIRMATION I declare under penalty of perjury that the foregoing is true and correct. | | |
| Signature | | 1/15/03 |
| EL201.dog | Revised: MAR-02 | Date Executed On PAGE 1 OF 10 |